

MAY 19 2004

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Procter & Gamble - I.P. Division

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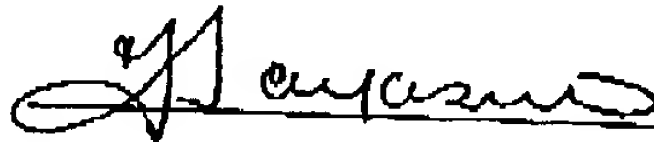
**FACSIMILE TRANSMITTAL SHEET AND
CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8**

TO: Arthur L. Corbin - United States Patent and Trademark Office

Fax No. 703-872-9306

Phone No. 571-272-1399

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FROM: Tahira S. Jayasuriya (Typed or printed name of person signing Certificate)

Fax No. 513-622-3300

Phone No. 513-622-0921

Listed below are the item(s) being submitted with this Certificate of Transmission:**

Number of Pages Including this Page: 5

- 1) Fee Transmittal: 1 pg/ 2 copies
- 2) Notice of Appeal 1 pg/ 2 copies
- 3)
- 4)
- 5)

Inventor(s): Allan J. Lepine
S.N.: 09/829,168
Filed: 04/09/2001
Case: P-116RC

Comments:

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE PTO/SB/17 (10/03)

FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

Complete If Known

Application Number	09/829,168
Confirmation Number	1328
Filing Date	04/09/2001
First Named Inventor	Allan J. Lepine
Examiner Name	Arthur L. Corbin
Art Unit	1761
Attorney Docket No.	PI16RC

TOTAL AMOUNT OF PAYMENT (\$330.00)

METHOD OF PAYMENT

1. ☒ The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to:

Deposit Account Number: 16-2480

Deposit Account Name: The Procter & Gamble Company

FEE CALCULATION

1. BASIC FILING FEE - Large Entity

Code (\$)	Fee Description	Fee Paid
1001 770	Utility filing fee	<input type="checkbox"/>
1002 340	Design filing fee	<input type="checkbox"/>
1004 770	Reissue filing fee	<input type="checkbox"/>
1005 160	Provisional filing fee	<input type="checkbox"/>

SUBTOTAL (1) (\$0)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE - Large Entity

	Extra Claims	Fee from Below	Fee Paid
Total Claims	<input type="checkbox"/> - 20** -	<input type="checkbox"/> x	<input type="checkbox"/> = <input type="checkbox"/>
Independent Claims	<input type="checkbox"/> - 3** =	<input type="checkbox"/> x	<input type="checkbox"/> = <input type="checkbox"/>
Multiple Dependent		<input type="checkbox"/>	<input type="checkbox"/> = <input type="checkbox"/>

** or number previously paid, if greater; For Reissues, see below

Code (\$)	Fee Description
1202 18	Claims in excess of 20
1201 86	Independent claims in excess of 3
1203 290	Multiple dependent claim, if not paid
1204 86	**Reissue independent claims over original patent
1205 18	**Reissue claims in excess of 20 & over original patent

SUBTOTAL (2) (\$0)

FEE CALCULATION (continued)

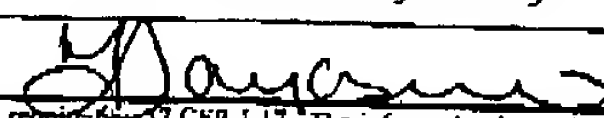
3. ADDITIONAL FEES

Code (\$)	Fee Description	Fee Paid
1051 130	Surcharge-late filing fee or oath	<input type="checkbox"/>
1052 50	Surcharge-late provisional filing fee or cover sheet	<input type="checkbox"/>
1053 130	Non-English specification	<input type="checkbox"/>
1812 2,520	For filing a request for <i>ex parte</i> reexamination	<input type="checkbox"/>
1804 920*	Requesting publication of SIR prior to Examiner's action	<input type="checkbox"/>
1805 1,840*	Requesting publication of SIR after Examiner's action	<input type="checkbox"/>
1251 110	Extension for reply within 1 st month	<input type="checkbox"/>
1252 420	Extension for reply within 2 nd month	<input type="checkbox"/>
1253 950	Extension for reply within 3 rd month	<input type="checkbox"/>
1254 1,480	Extension for reply within 4 th month	<input type="checkbox"/>
1255 2,010	Extension for reply within 5 th month	<input type="checkbox"/>
1401 330	Notice of Appeal	<input checked="" type="checkbox"/>
1402 330	Filing a brief in support of an appeal	<input type="checkbox"/>
1403 290	Request for oral hearing	<input type="checkbox"/>
1451 1,510	Petition to institute a public use proceeding	<input type="checkbox"/>
1452 110	Petition to revive - unavoidable	<input type="checkbox"/>
1453 1,330	Petition to revive - unintentional	<input type="checkbox"/>
1501 1,330	Utility issue fee (or reissue)	<input type="checkbox"/>
1502 480	Design issue fee	<input type="checkbox"/>
1460 130	Petitions to the Commissioner	<input type="checkbox"/>
1807 50	Processing fee under 37 C.F.R. 1.17(q)	<input type="checkbox"/>
1806 180	Submission of Information Disclosure Statement	<input type="checkbox"/>
1809 770	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="checkbox"/>
1810 770	For each additional invention to be examined (37 CFR § 1.129(b))	<input type="checkbox"/>
1801 770	Request for Continued Examination (RCE)	<input type="checkbox"/>
1802 900	Request for expedited examination of a design application	<input type="checkbox"/>
1454 1330	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	<input type="checkbox"/>

Other fee (specify) _____ ☐
Other fee (specify) _____ ☐

* Reduced by Basic Filing Fee Paid SUBTOTAL(3) (\$330.00)

SUBMITTED BY

Name (Print/Type)	Tahira Sharon Jayasuriya	Registration No.	50,793	Complete (if applicable)
Signature		(Attorney/Agent)		Telephone (513) 622-0291
				Date May 19, 2004

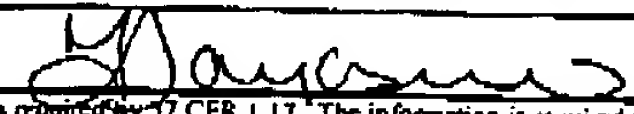
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Name (Print/Type)	Tahira Sharon Jayasuriya	Registration No. (Attorney/Agent)	50,793
Signature		Telephone	(513) 622-0291
		Date	May 19, 2004

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